SECTION I:

<u>OVERVIEW</u>

Introduction

This Healthy Start Evaluation Guidebook is designed for Healthy Start operational grantees. This Guidebook provides instructions on how to collect and report information that will document some of the activities and results of your local work through Healthy Start.

This Healthy Start Evaluation Guidebook contains the following:

- A description of the information you will report for the statewide Healthy Start Initiative evaluation
- Annual reporting forms
- Instructions for collecting information on various components
- Sample data collection forms for schoolwide data and core client data
- Explanations of what to include in your narrative report
- Resources on evaluation

Evaluation Plan Development

For the first three years of the Healthy Start initiative, grantees participated in a statewide evaluation conducted by SRI, International. Lessons learned from grantees participating in the SRI Evaluation guided the development of this evaluation.

The California Department of Education (CDE) has continued the job of evaluating the Initiative at the statewide level while the local sites continue to evaluate their own individual efforts.

Evaluation Structure

CDE requires that a preliminary evaluation plan be mailed to CDE during the first year of your operational grant. The purpose of this preliminary plan is to answer essential evaluation questions early in the process of implementing Healthy Start. Guidelines for answering the following questions are part of the Preliminary Evaluation Plan in Section II.

1. In addition to the required Education Data, which optional cluster will you assess? (You are required to choose at least one of the optional clusters.)
2. What is your target number of core clients?
3. What specific services will you document?
4. Who will oversee your evaluation activities?

Once the preliminary evaluation plan is completed, data collection can begin. The CDE requires three (3) annual reports, one at the end of each operational year of the Healthy Start Grant. The annual evaluation report is submitted to the Healthy Start Office at CDE by October 15. Each annual report submitted to CDE needs to include schoolwide data for each school in the grant and individual data for at least 25 core clients. These core clients can be served at one school or a combination of schools in your grant.

The evaluation report consists of both quantitative data (numbers) and qualitative descriptions (narrative) on your progress toward achieving results for children and families. Healthy Start grantees will report on the services provided at each site. A narrative on collaborative activities and vignettes about your children and families will also help document the effectiveness of Healthy Start.

Each Healthy Start Evaluation Report will include schoolwide and core client information on educational indicators and at least one additional cluster

indicator(s), plus a narrative about your Healthy Start site. With the one exception of the educational component explained in this Guidebook (Section III, Form A), you are not required to submit data collection forms nor to use the CDE generated data collection forms. Please refer to Section III for instructions on forms used for collecting and submitting data to CDE.

The CDE has made suggestions throughout this Guidebook on ways to construct your data collection/case management forms. You may adapt these sample forms or use other forms to collect the information needed to document your efforts.

Although data collection forms are not standardized, the same CDE reporting forms should be used by all Healthy Start grantees. Use the reporting forms in Section III except where indicated. The forms are also available to download at our website, www.cde.ca.gov. Do not create your own report forms.

Mail Reports to:

Annual Report
Healthy Start Office
California Department of Education
721 Capitol Mall, Room 556
Sacramento, CA 95814

Annual Reporting Schedule 1999-2001

	Preliminary Plan & Baseline Data Due	Annual Report #1 Due	Annual Report #2 Due	Annual Report #3 Due
Cohort 7	November 15, 1998	October 15, 1999	October 15, 2000	October 15, 2001
Cohort 6	November 15, 1997	October 15, 1998	October 15, 1999	October 15, 2000
Cohort 5	November 15, 1996	October 15, 1997	October 15, 1998	October 15, 1999

Cohort 1 - 4	Though your Healthy Start grant period is ending or has ended we continue to think of you as Healthy Start sites. We welcome your continuing participation in the Healthy Start Evaluation.

Information Collected through the Evaluation

The annual reports include: (1) information on your progress toward certain results for children and families; and, (2) process information on services available through your site(s) and collaborative activities.

Information on Results

Information about your progress toward improved results for children and families should include:

1. Data on improved educational results.
2. Data on at least one additional cluster chosen by your collaborative.

Process Information

Information about what is happening at your site should include:

1. Number and types of services you are delivering.
2. Who receives these services
3. Evidence of cost savings.
4. Commitments of collaborative members.

5. Reflections on your collaborative processes.

The required information will help CDE better understand what is happening at Healthy Start sites across the state. Statewide data are necessary to:

- Help the public understand how well Healthy Start is working
- Learn from your model practices and teach others
- Advocate for Healthy Start in the State Legislature
- Gauge your needs for assistance and resource materials from the Healthy Start Office at CDE.

CDE has minimized the requirement for data collection and reporting. However, you are not limited to collecting only the required data. You will want to collect other important information to meet your local collaborative's needs.

Responsibilities at local and state level for the Healthy Start evaluation process are:

At the local level	At the state level
Operational grantees collect and aggregate data throughout the year for each school in their grant.	CDE receives from operational grantees an annual report for each school in the operational grant.
Submit annual reports to CDE on October 15 of each year that you receive Healthy Start operational grant funding.	CDE compiles annual reports to construct a single statewide profile.

Funding Your Evaluation

In your grant budget, you were asked to provide an appropriate budget for local and statewide evaluation needs over the local initiative's grant period. CDE made this recommendation to reserve resources you might need to hire a local evaluator, purchase an elementary statistical software package, or purchase time and equipment for evaluation activities.

Your money does not have to stand alone. You may want to pool this money with funding from other sites to hire a single evaluator and consolidate your evaluation efforts. Each operational grantee will develop a unique evaluation plan; however, there will be common requirements for all Healthy Start collaboratives. Therefore, Healthy Start grantees may want to use an evaluator who is familiar with the Healthy Start initiative. CDE recommends that you develop a data collection activity chart for your evaluation spanning the three years of your Healthy Start grant and a projected budget for these activities.

Use of Computers and Evaluation Software

CDE does not require you to have a computer or any particular kind of computer program in order to generate the data required in this evaluation process. However, you may find basic statistical software or spreadsheet programs helpful in managing your data. If you hire a local evaluator, that person may already have computer hardware and software he or she uses which could be included in the cost of the evaluator's services.

Statewide Evaluation

The following chart gives a broad overview of the questions CDE needs to answer for the Healthy Start evaluation.

Evaluation Questions	Method of Reporting to CDE
Results	
a. What cluster(s) will be assessed by your local initiative and why? What is your target number of core clients?	Preliminary Evaluation Plan Form L: Narrative
b. Did the students and families involved in your local initiative experience improvements in the assessed clusters?	Form A: Mandatory Education At least one of the following eight forms: Form B Health Form C Basic Needs Form D Teen Parent Form E Child Welfare Form F Family Functioning Form G Youth Crime Form H Youth Development Form I Adult Education Form L Narrative
c. Why do you think some results improved and others did not? Do these findings suggest possible ways to improve your strategies?	Form L: Narrative
Services	
a. How many and what types of activities and services are provided?	Form J: Types and Numbers of Services
b. What services are received by your core client students and families?	Form J: Types and Numbers of Services
c. Who receives case management (i.e., age, ethnicity, gender)?	Form K: Client Demographics
d. Are services perceived by parents and practitioners as useful? If not (e.g., they are perceived as not accessible enough), what are recommendations for service delivery improvements?	Form L: Narrative

Collaboration

How have participating agencies collaborated with each other?	Form L: Narrative

Sustainability

How will local Healthy Start activities be supported beyond the grant?	Staying Power Reports*

Sites nearing the end of grant funding will be asked to work through Sustainability activities contained in the Staying Power module. Results of these activities will give the local collaboration and CDE information on what functions will continue beyond the grant and how they will be supported.

SECTION II:

GETTING STARTED

Preliminary Evaluation Plan and Baseline Data

CDE requires that a preliminary evaluation plan be mailed to CDE by December 1 of Year One of your operational grant. This plan should include your school wide baseline data (Section III, Form A-1) and answers to the following questions:

1. *In addition to the required Education Data, which optional cluster will you assess? (Choose at least one of the optional clusters.)*

2. *What is your target number of core clients ?*

3. *What specific services will you document?*

4. *Who will oversee your evaluation activities ?*

Please mail your Preliminary Evaluation Plan to:

> Preliminary Evaluation Plan
> California Department of Education
> Healthy Start Office
> 721 Capitol Mall, Room 556
> Sacramento, CA 95814

Evaluation planning meetings with your Healthy Start collaborative will help guide your data collection activities. The following explanations should assist you in answering the preliminary evaluation plan questions.

#1 *In addition to the required Education Data, which optional cluster will you assess?*

CDE requires that Healthy Start grantees report on a common set of educational components plus at least one additional cluster of your choosing. Your choice of an optional cluster(s) should reflect the area or areas in which your Healthy Start collaborative hopes to see the most positive results for your children and families. The cluster choices include:

> (1) health,
> (2) basic needs,
> (3) teen parent,
> (4) child welfare,
> (5) family functioning,
> (6) youth crime,
> (7) youth development; and,
> (8) adult education.

Please read through the requirements for each cluster and identify the cluster which reflects your most important results.

#2 *What is your target number of core clients?*

Optimally, CDE would like data on all the families case-managed at your Healthy Start site. However, if this would impose an unreasonable data collection burden, you may collect baseline and follow-up data on at least 25 of your most intensively served students and families. These should be the 25 core clients who are case managed through an intake assessment, receive multiple services related to your chosen cluster and receive follow-up after approximately 4-9 months. These core clients can be served at one school or a combination of schools in your grant.

Clarify the characteristics of your core clients early in your evaluation activities. Decide what does and does not qualify a student to be part of the core client group.

#3   What services need to be documented?

Decide which of the activities and services impacting the clients of your center you want to record. These should legitimately reflect the efforts of your Healthy Start initiative, and should not be limited to activities that are directly supported with Healthy Start funds.

Consider collecting data on services provided to the individual, such as individual counseling; to groups, such as parent education; and school-wide, such as health fairs. Please review Form J in Section III. Discuss any relevant services for your site that may not be listed on the form. You may revise the form to include those activities.

#4   Who will oversee evaluation activities?

Some Healthy Start collaboratives have established evaluation committees or workgroups to respond to ongoing evaluation questions. These groups include representatives from the collaborative partners, service delivery staff, parents, teachers, and sometimes, an evaluation expert. A locally hired evaluator can be extremely helpful in thinking through your evaluation questions, designing ways to collect data, assisting you in data collection, and interpreting evaluation findings. However, he or she will need to be accountable to someone at your site. For the evaluation to produce valuable information, you and your partners need to be involved. Your collaborative, not the hired evaluator, is responsible for insuring that both local and state evaluation requirements are being met.

Resources for Getting Started

Each Healthy Start site has a variety of resources readily available to them. Healthy Start site staff, collaborative partners, district and county office personnel, parents, teachers and

students both at your site and at a nearby college can be useful resources.

CDE recommends that each Healthy Start site identifies two people to play an integral role in planning and implementing this statewide evaluation and local evaluation activities: a lead person at your site and a local outside evaluator.

A Lead Person for Evaluation at Your Site

This person will keep track of your evaluation activities and provide daily assistance in implementation. This person will make sure that data are collected and reports are produced and submitted on time. You will want this person as coordinator of your evaluation planning process.

The Healthy Start Coordinator should play an active role in the evaluation process at your site(s). However, since this process is time consuming, the director/coordinator should consider delegating most responsibility to an assistant who would have time to devote to the evaluation process.

The lead person's responsibilities might include:

- keeping track of and coordinating day to day evaluation activities
- working with other Healthy Start sites to consolidate evaluation instruments
- checking to make sure that data are collected
- editing or reviewing reports produced by the outside evaluator
- assuring reports are submitted on time
- finding answers to questions that might stem from the evaluation process
- serving as a liaison between evaluator and collaborative

Using Internal Resources

Begin with an inventory of the potential human resources in your collaborative and community. To inventory local evaluation assistance, you might ask:

1. Which of your partners has a computer you can use?
2. Who already has collected data on which you can build your client information?
3. Do any of your partners have databases you can adapt?
4. Who of your on-site staff has experience with gathering information both on paper and with a computer?

Using External Resources

In addition to outside evaluators, bringing in individuals who are not closely associated with your program can provide objective perspectives.

College Student Interns --- Key contributed resources include the time and expertise of graduate student interns from local colleges or universities. Student interns who help programs with data collection and analysis offer fresh knowledge of evaluation techniques and approaches, and extra eyes, ears, and hands to do much of the work of information collection. Some student interns speak more than one language which can be very useful in collecting data. While assisting the Healthy Start site, student interns gain valuable experience by participating in a real evaluation.

Community Members --- Among the students and families in your targeted schools and communities, there may be parents or community members with experience or an interest in evaluation. Consider asking them to be part of the Healthy Start evaluation team.

A Local Evaluator

You may want to identify someone in your community with expertise in evaluation who can provide you with regular, on-site consultation.

Outside evaluators offer expertise and objectivity. External evaluators can bring technical expertise and a valuable new perspective to your thinking about evaluation. However, the task of evaluating a comprehensive, integrated service initiative is not a traditional evaluation job. A comprehensive, integrated services initiative includes multiple interventions and activities that will change over time.

Few evaluators have experience measuring success based on child and family outcomes. If your evaluator is new to Healthy Start, you will want to involve him or her in your planning to develop an understanding of what you want to accomplish.

When to hire an outside evaluator?
Healthy Start collaborative members should start evaluation planning early in the first year of an operational grant. At that time, the Healthy Start grantees might consider hiring an external evaluator. Carefully define the scope of work that an external evaluator will produce so that both parties have a clear understanding of expectations and approaches.

What to expect from an outside evaluator?

An outside evaluator can recommend the best methods for answering your questions about the impacts of your efforts, help you set up data collection, and help analyze your data.

The evaluator you select should have:

- A track record of productive evaluations of similar programs
- Technical skill in collecting and using information
- Integrity and objectivity
- Desire to communicate regularly with program staff and leaders during data collection and analysis
- A willingness to include program staff, parents, and clients in gathering information
- Cultural compatibility or sensitivity
- A willingness to help program staff develop a customized evaluation that satisfies local needs
- An ability to document evaluation stages so program staff can replicate the process
- An ability to develop realistic goals and expectations and to define appropriate roles for staff

What must be the evaluator's responsibilities?

Depending on your initiative's size and budget, the evaluator may assume a wide range of responsibilities. Responsibilities may include:

- helping you identify relevant internal resources
- helping you understand C D E's reporting requirements
- facilitating discussions among all participants to develop the goals and objectives of the evaluation and how to meet those goals
- suggesting ways to supplement required data with additional information that supports program improvement

- developing or adapting data collection instruments
- training staff on interpretation of evaluation results
- identifying areas for improvement
- demonstrating your program's success to the community and potential funders

Where to find an outside evaluator?

You may find outside evaluators at local colleges or universities (e.g., graduate universities or professors with experience in program evaluation) or through recommendations from other programs. Read other programs' evaluation reports to identify evaluators that produce useful, comprehensive information. Network with your peers at other sites who may be able to identify evaluation sources.

How much will an outside evaluator cost?

The primary cost is for the evaluator's time. The Healthy Start collaborative may want to estimate the cost of their evaluation by identifying each phase of collecting and analyzing information, and how many days it should take to complete each step. The external evaluator should always be involved in designing the evaluation to ensure that the information collected is useful and relevant to the evaluation. The more work program staff does in collecting and compiling data; the more cost-effective your evaluation will be. Additionally, consider pooling your allocated evaluation expenditures with other Healthy Start sites to share the expenses of the evaluator. Consider both internal and external resources in designing your evaluation process.

Resources on Interagency Evaluation and Information Needs

Connell, J., Kubisch, A., Schorr, L., and Weiss, C. (Eds.)(1995*). New approaches to evaluating community initiatives: Concepts, methods and contexts.* Washington, DC: The Aspen Institute

Planning for Evaluation -- published by the Healthy Start Field Office, UC, Davis. 1996

McDonald, Walter R. And Associates, Inc. (1995) *Information Systems to Support Comprehensive Integrated Service Delivery and Sustain ability: A Resource Book for Local Initiatives.*

Young, N., Gardner, S., and Coley, S. (1994). Getting to outcomes in integrated service delivery models. In Young, N., Gardner, S., Coley, S., Schorr, L., and Bruner, C*. Making a difference: Moving to outcome-based accountability for comprehensive service reforms.* Des Moines, IA: National Center for Service Integration.

FORM A
MANDATORY EDUCATION OUTCOMES

PART 1: SCHOOLWIDE DATA

PURPOSE
This part of Form A is designed to record the progress made on schoolwide outcomes by comparing the school-level data from the year before the Healthy Start grant became operational (the Pre Healthy Start operational grant year) with data from each year in which the Healthy Start grant is operational.

WHO COLLECTS AND WHEN
A separate form should be completed for each school affiliated with your Healthy Start operational grant.

By the end of the first quarter of funding in year one of your Healthy Start operational grant (as part of your Preliminary Evaluation Plan), this form should be completed using data for the school year before your Healthy Start grant began (the Pre Healthy Start operational grant year). In addition, at the end of each operational year, this form should be completed with data for that year and submitted to CDE with your annual report.

WAYS IN WHICH DATA CAN BE COLLECTED
Many of the schoolwide data will be easy for you to gather because they already are collected by your school and district offices. Obtaining information on schoolwide student attendance, behavior (i.e., suspensions and expulsions), dropouts, and achievement (i.e., test scores) can be as easy as calling your school or district office for the information. Districts should also be compiling crimes on school campuses using the California Safe Schools Assessment School Crime Reporting Form (a copy of this form follows Form A). However, the documenting of parent volunteer hours and number of disciplinary actions may require a log. Example logs for tracking this information follow Form A. Additional sources and locations of data are described within the item instructions.

ITEM INSTRUCTIONS

School Name	Indicate the school name for which you are providing data.
School CDS Code	Provide the County-District-School (CDS) number assigned to this school.
Healthy Start Site Name	Indicate the name of your Healthy Start site.
Healthy Start Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

Attendance 1. Enrollment	**Number:** Every school district must collect data for the California Basic Education Data System (CBEDS). In October of every year, a one-day count of student enrollment is recorded at each school and submitted to the district office. Indicate the total student enrollment number reported to CBEDS.
2. Absences	**Number:** The number of absences on the CBEDS reporting day is the difference between your actual student enrollment and how many students were present that day.
Behavior 3. Students Suspended	**Number:** The number of students who were suspended from your school this school year, according to your district office.
4. Students Expelled	**Number:** The number of students who were expelled from your school this school year, according to your district office.
5. Disciplinary Actions	**Number:** The number of times students are seen by a school administrator for disciplinary reasons, not including suspensions or expulsions in this school year. CDE is requiring the total number of disciplinary actions, not the number of students involved in disciplinary actions. In order to report data on disciplinary actions (e.g., students sent to the principal's office), your school will need to keep a log. Your school may already have a system for tracking this information. If not, a sample log, "Disciplinary Action Log," follows Form A. You may find it helpful to tally the number of disciplinary actions monthly. This will make your job of reporting at the end of the year easier, as well as give you interesting information regarding monthly trends of student behavior problems.

School Crime	*The California Safe Schools Assessment School Crime* (CSSASC*) Reporting Form* was instituted statewide in 1995. Each school must complete a copy of this form whenever there has been an incident of crime on school property. If your school is not already doing so, you should be retaining a copy of these incident reports in a file at your school. Aggregate the number of offenses that occurred this year by drug and alcohol offenses, property crimes, violent crimes, and possession of weapons.
6. Drugs and Alcohol Offenses	**Number:** A sum of all drug and alcohol offenses that occurred at this school during this year, as reported on the CSSASC reporting form.
7. Property Crimes	**Number:** A sum of all property crime offenses that occurred at this school during this year, as reported on the CSSASC reporting form.
8. Violent Crimes	**Number:** A sum of all violent crime offenses that occurred at this school during this school year, as reported on the CSSASC reporting form.
9. Possession of Weapons	**Number:** A sum of all possession of weapons offenses that occurred at this school during this school year, as reported on the CSSASC reporting form.
Performance 10. Dropouts	**Number:** The number of students in grades 10, 11, or 12 who were counted as having dropped out of school in this school year. **Rate:** Your district office should be able to provide you with the annual dropout rate using data from the California Basic Education Data System. CBEDS calculates the dropout rate as the total annual dropout rate for grades 10, 11, and 12 as a percentage of the CBEDS one-day count enrollment.

Parent Volunteer Hours	
11. How many hours of service did parents volunteer at your school in the classroom or at the Healthy Start center? (Optional for pre Healthy Start grant year)	**Number:** Report the total number of hours that parents volunteered at the school in the classroom, at the Healthy Start center, or for other school activities. Please report the total number of parent volunteer **hours**, not the number of parents who volunteer. In order to report data on the number of parent volunteer hours, your school will need to keep a log. Your school may already have a system for tracking this information. If not, a sample log, "Parent Volunteer Log," follows Form A. You may find it helpful to tally the number of parent volunteer hours monthly. This will make your job of reporting at the end of the year easier.
Optional Education Indicators 12. Student Mobility	**Number:** Report the number of students who have transferred from your school during the school year. In order to report data on student mobility, your school will need to keep a log of school record requests. Your school may already have a system for tracking this information. If not, a log or requests or another system will need to be developed.
13. Special Education	**Number:** Provide the number of students who were enrolled in special education services during this school year. Every school district (or Special Education Local Plan Area - SELPA) must collect data about special education services. Many districts use the California Special Education Management Information System (CASEMIS), which facilitates easy reporting.

PART 2: STUDENT-LEVEL DATA

PURPOSE
This part of Form A is designed to record the progress made by the students who are being case managed or most intensively served by comparing performance and behavior data from the spring semester before the student became involved with Healthy Start with data from the most recent spring semester.

WHO COLLECTS AND WHEN
As soon as the spring semester (or trimester) concludes, you will need to collect school data for each student who was a case-managed client any time during the school year. For example, if a student was case managed in the Fall but his case was closed in December, then he should be included on this form. However, if a student was case managed last year but was not case managed at all during this school year, information on that student should not be included.
- Baseline information for each student should be collected for the spring semester or trimester before intake into your Healthy Start program.
- Follow-up information for each student should be collected for the most recent spring semester or trimester after intake into your Healthy Start program.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., days absent) should be reported. In other words, if no follow-up data can be collected (e.g., student's cumulative file gone because the student moved away), then do not include this student on the form.

Use as many sheets as necessary to include all the students being case-managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED
Most of the data requested for this part of the form (i.e., student-level attendance, suspension, and SAT/9 data) typically can be found in students' cumulative records or on a district-based electronic student information system. A sample form for abstracting information from students' cumulative files follows Form A. In order to report data on disciplinary actions (e.g., students sent to the principal's office or another school administrator for discipline), your school will need to keep a log. Your school may already have a system for tracking this information. If not, a sample log, "Disciplinary Action Log," follows Form A.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3, . . . 25. If it is easier for your site, you can list student/client ID numbers.
2. School Grade	Record the grade level of the student during the follow-up spring semester or trimester.
3. Date of intake	Date on which the student was first seen by Healthy Start program staff.
4. Days absent	Record the number of days absent (include both excused and unexcused absences) during the baseline and follow-up spring semesters or trimesters.
5. Days suspended	Record the number of days suspended during the baseline and follow-up spring semesters or trimesters.
6. Number of disciplinary actions	Using the "Disciplinary Action Log" or another locally developed log, tally the number of disciplinary actions for each case managed student for the spring semester prior to entry into Healthy Start (baseline) and the current spring semester (follow-up). Report these numbers in appropriate columns.
7. SAT/9 English Total	Record the SAT/9 English Total score in NPR's for the baseline and follow-up spring semesters or trimesters.
8. SAT/9 Math Total	Record the SAT/9 Math Total score in NPR's for the baseline and follow-up spring semesters or trimesters.

Form A1

Form A2

FORM B

HEALTH OUTCOMES

PART 1: SCHOOLWIDE DATA

PURPOSE
This part of Form B is designed to record the progress made on schoolwide health outcomes by comparing the school-level data from the year before the Healthy Start grant became operational (the Pre Healthy Start operational grant year) with data from each year in which the Healthy Start grant is operational.

If you have opted to report on the Health Outcome Cluster, you are asked to report on the following schoolwide outcome indicators:

- Immunization compliance
- Uncorrected hearing and vision problems
- Dental screening (for programs with this service)
- Teen pregnancy (optional)

WHO COLLECTS AND WHEN
A separate form should be completed for each school affiliated with your Healthy Start operational grant.

By the end of the first quarter of funding in year one of your Healthy Start operational grant (as part of your Preliminary Evaluation Plan), this form should be completed using data for the school year before your Healthy Start grant began (the Pre Healthy Start operational grant year). In addition, at the end of each operational year, this form should be completed with data for that year and submitted to CDE with your annual report.

WAYS IN WHICH DATA CAN BE COLLECTED
Sources and locations of data are described within the item instructions.

ITEM INSTRUCTIONS

School Name	Indicate the school name for which you are providing data.
School CDS Code	Provide the County-District-School (CDS) number assigned to this school.
Healthy Start Site Name	Indicate the name of your Healthy Start site.
Healthy Start Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).

Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
1. Immunization compliance for registering kindergarten <u>or</u> first-grade students **(For elementary schools only)**	Most immunizations (diphtheria, polio, tetanus, measles, mumps, rubella, and hepatitis B) are to be administered before a student enrolls in school (by age 6). For <u>kindergarten students:</u> Data about immunizations can be obtained from your district office. By October 15th of each year, the district office must compile a report on a standard form, Immunization Assessment of kindergarten Students-Annual Report: School Summary Sheet (a copy of this form follows Form B). For <u>first-grade students:</u> Some districts may have summary reports for immunization status for registering first-grade students. Also, electronic student information systems usually contain this information. Otherwise, immunization status information can be located in each student's cumulative folder on the blue California School Immunization Record Form or Report of Health Examination for School Entry (copies of these forms follow Form B). Please indicate the earliest grade in which students register for school (i.e., kindergarten or first grade) by circling the appropriate grade number. **Number:** Sum the number of kindergarten or first-grade students who have either: • All required immunizations up-to-date • Permanent medical exemptions • Personal belief exemptions to some or all immunizations. **a.**Report number of kindergarten/first-grade students who registered for school who have all required immunizations or are exempt. **b.** Report total number of kindergarten/first-grade students who registered. **Rate:** Divide the number of students who were fully immunized (or exempt) at the time of school registration by the total number of students who registered for that grade.

2. Detecting Hearing Problems	Hearing screenings are conducted on youth in grades 2, 8, and 10 according to Section 2951(d), CCR, Title 17. Please indicate the grade that is appropriate for your school (target grade) by circling the appropriate grade number.
	An annual report of hearing tests is compiled by your district office on a standard form, *Annual Report of Hearing Tests* (PM 100), and submitted to the Department of Health Services by June 30th each year.
	Number: Using this report:
	a. Report how many students failed the threshold tests for hearing. **b.** Report how many students were enrolled in the target grade, according to the CBEDS one-day count.
	Rate: Divide the number of students in the target grade who failed the threshold tests for hearing by the total number of students enrolled in that target grade.
3. Detecting Vision Problems	Please report the grade in which your school screens for vision problems (target grade).
	Number: Using your locally generated form for reporting vision screening:
	a. Report how many students in the target grade were identified as having a possible vision problem.
	b. Report how many students were enrolled in the target grade, according to the CBEDS one-day count.
	Rate: Divide the number of students in the target grade who were identified with possible vision problems by the total number of students enrolled in that target grade.
Optional Health Indicators 4. Dental Screening (optional)	**Number:** Using your locally generated form for reporting dental (optional) screening, tell us how many students in your school were screened during the past school year.
5. Pregnancy among Minors (optional)	This is optional and should only be tracked for programs trying to reduce pregnancies among minors.
	If your school does not already have a system of tracking information about student pregnancies, you will need to keep a log.
	Number: For grades 6-8 and 9-12:
	(1) Report the number of female students who were identified as being pregnant this year.
	(2) Report the total female enrollment for the specified grades, according to the CBEDS one-day count.
	Rate: Divide the total number of female students who were identified as pregnant in the specified grades by the total female school enrollment in those grades.

PART 2: STUDENT-LEVEL DATA

PURPOSE
This part of Form B is designed to determine the extent to which students who were being case managed or most intensively served had improved health outcomes.

If you have opted to report on the Health Outcome Cluster, you will need to report on the following outcome indicators for case-managed clients:

- Uncorrected hearing and vision problems
- Use of preventive heath care
- Use of dental care
- Inappropriate use of emergency rooms.

WHO COLLECTS AND WHEN
At intake into Healthy Start and every 6 months after intake, you will need to meet with case-managed students or review their medical files to determine their current health status.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., had physical exam) should be reported. In other words, if no follow-up data can be collected (e.g., student moved away), then do not include this student on the form.

Use as many sheets as necessary to include all the students being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED
Some of the data requested for this part of the form (i.e., vision and hearing problems and treatment) typically are collected by CHDP nurses and are documented on CHDP forms. To ensure collection of all the requested data, be sure to incorporate the questions below into your program's health and/or case management forms.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 ... 25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.
3. Uncorrected hearing or vision problem identified at intake?	At time of intake, check to see if all case-managed students have had both vision and hearing screening. The most likely evidence of this screening is the CHDP Assessment Form (PM 160). Among other things, this form includes a report on vision screening (06 Snellen or Equivalent) and hearing screening (07 Audiometric). If students were found to have suspected or definite vision or hearing problems at their intake date into Healthy Start, then circle "1" on the form.
4. If problem was found, has it been corrected by follow-up?	All students who had a problem identified as part of a CHDP examination will have a case manager assigned to them from public health department or designated contractor. Six-month follow-ups with this public health case manager should be conducted for each case-managed student for whom a vision and/or hearing problem was identified to see if it was corrected Indicate for each case-managed student for whom a problem was identified whether the problem has been corrected.

5. Was overdue for a physical exam?	At time of intake and at each six-month follow-up, check to see if all case-managed students are up-to-date on their physical examinations according to the EPSDT periodicity schedule (see below). The best evidence of an examination is the CHDPAssessment Form (PM 160).

	Age at screening Interval until Next Examination
	  4-5 years 2 years
	  6-8 years 3 years
	  9-12 years 4 years
	  13-16 years 4 years

	For any student who was overdue on a physical examination, circle "1" on the form.
6. Received dental care within the preceding year?	At time of intake and at each six-month follow-up, check to see if all case-managed students have had a dental examination (or screening) within the preceding year. The best evidence of an examination is the CHDP Assessment Form (PM 160).
	For any student who had dental care within the past year, circle "1" on the form.
7. Inappropriate Use of Emergency Rooms	At intake and at each six month follow-up, ask all students or parents (or guardians) of students who are being case managed:
	Where, if at all, has the student received non-emergency medical care in the last *six months*?

	ER Hospital emergency room
	        PH Public health department or clinic
	        PT Private medical doctor or HMO
	        OT Other

	For any student who used the emergency room for non-emergency care, circle "1" on the form.
Sums of "yes" responses	Sum "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data	Report the number of students with both baseline and follow-up data for each of the outcomes. This number will be the denominator when calculating proportions.

Form B1

Form B2

FORM C
BASIC NEEDS OUTCOMES

PURPOSE

Form C is designed to capture the extent to which families who were case managed or intensively served by your program are meeting more of their basic needs after involvement in Healthy Start. This is done by comparing the status of families when they became involved in Healthy Start with their status at follow-up.

If you have opted to report on the Basic Needs Outcome Cluster, you will need to report on the following outcome indicators for families case managed by your program:

- Housing
- Food and clothing
- Transportation
- Finances
- Employment
- Children left without supervision.

WHO COLLECTS AND WHEN

At intake into Healthy Start and every 6 months after intake, you will need to meet with case-managed families to determine their current basic needs status.

- Baseline = Status on basic needs category at time of intake into Healthy Start program.
- Follow-up = Status on basic needs category reported at time of most recent follow-up.

Only data from case-managed families for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., shelter scores) should be reported. In other words, if no follow-up data can be collected (e.g., family moved away), then do not include the family on this form.

Use as many sheets as necessary to include all the families being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

We ask that you use scales developed by the Department of Economic Opportunity, *Family Development Report* (DEO-41 0-FDR), to measure basic needs status. You may adopt the use of this entire form or use its scales in your own locally developed forms. Please note that sites which have Community Block Grants already collect these data. More information about and copies of this assessment can be obtained from:

> Department of Economic Opportunity
> 700 North 10th Street, Room 258
> Sacramento, CA 95814
> (916) 322-2940

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(916) 327-3154 fax

To collect data on children left without supervision, a question regarding child care will need to be added to either the Family *Development Report* or your own locally developed intake and follow-up forms.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
1. Family number	Number each row that indicates a unique family's data. For (1 through X or ID#) example, a site with 25 families would list 1, 2, 3 … 25. If it is easier for your site, you can list family/mother's ID number.
2. Date of intake	Date on which the family (usually mother or father) was first seen by Healthy Start program staff
3. Shelter scores	For each case-managed family, indicate their score at intake and for every six-month follow-up on the following *Family Development Shelter* Scale: *5.Thriving - lives* in housing of choice; spends less than 25% of income for rent or mortgage; owns or has long-term occupancy. *4.SafelSelf-sufficient - lives* in or has access to adequate housing; spends less than 33% of income for rent or mortgage; safe and secure in home and neighborhood; tenancy is secure for more than one year. *3.Stable - spends* less than 50% of income on rent or mortgage; tenancy is secure for at least one year, housing is not hazardous, unhealthy, overcrowded; space is appropriate to family size and composition. *2.At risk - lives* in temporary or transitional housing and is not certain where next shelter is to be found; lives in unsafe or deteriorating hous *1.In crisis* - lives in dangerous conditions, homeless or on the verge of homelessness.

4. Food and clothing	For each case-managed family, indicate their score at intake and scores for every six-month follow-up on the following *Family Development Food and Clothing Scale:*
	5. Thriving - has sufficient healthful food of choice; everyone in the family eats a nutritious diet at well-
	4. Safe/Self-sufficient - always has resources to provide sufficient food for all family members; fami
	3. Stable - has sufficient resources to obtain food most of the time and can use community resource
	2. At risk - inadequate resources to obtain food for family; meals lack quality, important nutrients; inap
	1. In crisis - serious lack of resources to obtain food, hunger is common; diagnosis or evidence of malnutrition; severe eating disorder, no one is preparing meals; lack of adequate clothing for warmth and comfort, may seriously impede necessary activity.
5. Transportation scores	For each case-managed family, indicate their score at intake and for every six-month follow-up on the following Family *Development Transportation and Mobility Scale:*
	5. Thriving - has current driver's license; auto is fully insured with comprehensive coverage; has choice of transportation; able to repair vehicle when needed; vehicle is safe.
	4. Safe/Self-sufficient - has license; has basic insurance coverage; has fair driving and accident record; has and maintains own vehicle.
	3. Stable - generally has access to some form of safe transportation when needed; has driver's license and basic insurance.
	2. At risk - is driving without license or without insurance, or both; has unpaid parking tickets; does not have safe or reliable transportation or means to obtain it.
	1. In crisis - has revoked or suspended license; not insurable; no access to transportation for basic needs; no money to obtain transportation; incarcerated for traffic violations.

6. Finances scores	For each case-managed family, indicate their score at intake and for every six-month follow-up on the following *Family Development Finance Scale:*
	5 Thriving - sufficient earned income to allow family choices for nonessential purchases; able to save 10% of income; established relationship with financial institution; expects continued income at current level or better for at least next year.
	4 SafelSelf-sufficient - sufficient income to meet basic family needs; plans and sticks to monthly budget, saves when possible; able to obtain secured credit; pays bills on time; delay purchases to handle debt load; anticipates continuation of income level for next six months.
	3 Stable - minimally adequate income without regard to source; plans monthly budget; no savings; able to obtain limited secured credit; generally pays bills on time; aware of and use appropriate resources for help; no foreseen major decrease of family income.
	2 At risk - occasionally unable to meet basic needs; spontaneous, inappropriate spending; no savings; unable to obtain credit; limited knowledge of and access to resources for help; unpaid bills, overwhelming debt load.
	1 In crisis - no money; cannot meet basic needs; no knowledge of available resources for help.
7. Adult employment	For each case-managed family, indicate their score at intake and scores for every six-month follow-up on the following *Family Development Food and Clothing Scale:*
	5 Thriving - has sufficient healthful food of choice; everyone in the family eats a nutritious diet at well-scheduled meals; has clean, durable clothing appropriate to full range of individual and family activities.
	4 Safe/Self-sufficient - always has resources to provide sufficient food for all family members; family has regular meal times; has clean, appropriate clothing for all critical activities such as school or work.
	3 Stable - considering learning more marketable

	skills; has seasonal or temporary employment with inadequate hours, benefits, and/or stability; has limited advancement potential; has understanding of job skills; can search for job with assistance; has access to publicly funded or subsidized child care; working in field of choice. *2 At risk* - minimum job skills; inadequate employment and/or no benefits; not sure where to find next job; no advancement potential; no career plans; disciplinary or performance problems at work; few job search or retention skills; has inadequate *1 In crisis* - unemployed; no leads for next job; no positive work history; no interest in employment; no childcare available to support employment or training.
8. Number of children without adult or appropriate teenage supervision	This indicator *does not* appear on the Family *Development Report Form*.Find out from parents how many children **age 9 or under** they have who are left without adult or appropriate teenage supervision both at intake and for each follow-up assessment.
Sums	Sum scores in each of the columns. Include only families with both baseline and follow-up data.
Number of families with complete data	Report the number of families with both baseline and follow-up data for each of the outcomes. This number will be the denominator when calculating means.
Means	To calculate means, take the score for each column and divide it by the total number of families for whom you have complete information (i.e., both baseline and *follow-up* scores for that outcome). If you subtract the *follow-up* mean from the intake mean, you will determine the approximate average increase or decrease in families' abilities to meet their shelter, food and clothing, transportation, finance, employment, and child care needs.

Optional Basic Needs Indicator

Family mobility	Include the following or a similar question on your case closure or exit form.
	Was this case closed because the family moved away from the community?
	Report case closures on the Family Mobility page of this form. Sum the number of cases closed and the number of closures due to moving.
	Proportion: Divide the sum of "yes" responses by the total number of cases that were <u>closed during this school year.</u>

FORM D
TEEN PARENT OUTCOMES

PURPOSE

Form D is designed to capture the extent to which pregnant and parenting students who were served by your program are having healthy birth outcomes, staying in school, and not having repeat pregnancies after involvement in Healthy Start. This is done by tracking the status of students in Healthy Start with periodic follow-ups.

If you have opted to report on the Teen Parent Cluster, you will need to report on the following outcome indicators for the pregnant and parenting teens in your program:

- Utilization of prenatal care
- Pregnancy outcome
- Weeks of gestation
- Birth weight
- School enrollment
- School completion
- Repeat teen births.

WHO COLLECTS AND WHEN

At intake into Healthy Start and every six months after intake, you will need to meet with case-managed students to determine their current status. Some of the data below should be collected only for students who were pregnant at time of intake. The remaining data can be collected on either pregnant or parenting students.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., birth weight) should be reported. In other words, if no follow-up data can be collected (e.g., student moved away), then do not include the student on this form.

Use as many sheets as necessary to include all the students being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

We suggest that you use forms developed by the Adolescent Family Life Program (AFLP)/Cal-Learn Program in the Departments of Health Services and Social Services to measure status on these outcome indicators. You may adopt the use of the entire reporting system, which is a computerized system called Lodestar. Sites that have AFLP/Cal-Learn Programs already collect these data. Otherwise, the questions (as reproduced below) should appear on your intake and six-month follow-up forms.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.
3. Received adequate prenatal care?	For all pregnant teenagers who *delivered* during this school year (exclude teenagers who were not pregnant or who have not yet delivered), indicate whether prenatal care began in the first trimester, based on the following item: Trimester prenatal care began: 0 No prenatal care 1 First trimester (1-13 weeks) 2 Second trimester (14-26 weeks) 3 Third trimester (27+ weeks)
4. Had live birth?	For all pregnant teenagers who delivered / aborted during this school year (exclude teenagers who were not pregnant or who have not yet delivered), indicate whether they had a live birth, based on the following item: Pregnancy outcome: 1 Live birth 2 Fetal death 3 Therapeutic abortion

5. Had baby of adequate age?	For all pregnant teenagers who *delivered during* this school year (exclude teenagers who were not pregnant or who have not yet delivered), indicate whether baby was born at 37 weeks or greater in gestational age (not premature), *based on* the following item:
	
	Weeks of gestation:
	    Enter number of weeks at delivery:_____
	    99 - Unknown

6. Had baby of normal birth weight?	For all pregnant teenagers who delivered during this school year (exclude teenagers who were not pregnant or who have not yet delivered), indicate whether baby was born at Z500 grams or greater (above 5.5 *pounds)* based on the following item: Birth weight:_____ Enter birth weight in grams: 8888 - NA (no live birth) 9999 - Unknown

7. Attending or completed school?	For all pregnant and parenting teenagers who were served during this school year and who were school eligible, indicate "Yes" for each student who is attending school or a GED program or received a high school diploma or GED. This should be done at time of intake and again at each six-month follow-up. If using the Lodestar *Intake Form,* the *Lodestar Pregnancy* Outcome Form, or the *Lodestar Follow-up* Form, indicate "yes" responses for students with a status of 01, 07, 08, or 09 and a "no" response for all other codes as defined below.
	
	School status:_____
	
	    01 Enrolled, attending
	    02 Enrolled, not attending
	    03 Not enrolled
	    04 Suspended
	    05 Dropped out
	    06 Expelled
	    07 H.S. diploma or equivalent
	    08 GED - enrolled in L.E.A.
	    09 GED - enrolled in other program
	    99 Unknown (leave blank on Form D)

8. Had repeat birth since program enrollment?	For all students who are still minors, indicate whether they *became pregnant* and delivered a live-born infant (i.e., repeat birth) since their intake into this program.
Sums	Sum of "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both baseline and follow-up data for each of the outcomes. This number will be the denominator when calculating proportions.
Proportions	To calculate proportions, take the total number of "yes" responses for each column and divide it by the total number of students for whom you have complete information (i.e., both baseline and follow-up scores for that outcome).

If you subtract the proportions of students at follow-up from the proportion of students at intake, you will determine the improvement and decline in students' birth and education outcomes. |

FORM E
CHILD WELFARE OUTCOMES

PURPOSE

Form E is designed to capture the extent to which children and families who were case managed or intensively served because they were at risk of or in out-of-home placements are doing better after involvement in Healthy Start. This is done by comparing the status of children when they became involved in Healthy Start with their status at follow-up.

If you have opted to report on the Child Welfare Cluster, you will need to report on the following outcome indicators for the case-managed students in your program:

- Child abuse

- Out-of-home placements

- Placement stability

- Level of restrictiveness of placement.

WHO COLLECTS AND WHEN

At intake-into your Healthy Start program and every six months after intake, you will need to meet with case-managed students/families to determine their current status. Some of the data below should be collected only for students/children who are in out-of-home placements. The remaining data can be collected on all of them.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., child abuse) should be reported. In other words, if no follow-up data can be collected (e.g., student moved away), then do not include the student on this form.

Use as many sheets as necessary to include all the students being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

The questions suggested below should appear on your intake and six-month follow-up forms to ensure the collection of the data.

To collect most of this information, a memorandum of understanding (MOU) will probably need to exist between your program and the child welfare agency from which you are trying to collect the information. In addition, a signed release of information from the parent/guardian may be required.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: 　　Pre = Pre Healthy Start operational grant year 　　　1 = First year of Healthy Start operational grant 　　　2 = Second year of Healthy Start operational grant 　　　3 = Third year of Healthy Start operational grant
1. Student number 　(1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.
3. Was there a substantiated report of child abuse involving this student in the year prior to intake?	To report on this outcome, you will have to gather data on *substantiated child* abuse reports. You may gather this information in either of two ways: 　1 Asking the parent/guardian of the case-managed student to self-report. 　2.Gathering information directly from your local Child Protective Service (CPS) agency (this option will require an MOU with the CPS agency and a signed release of information from the parent/guardian). The results of child abuse investigations are documented on a standard form, "Child Abuse Investigation Report" (SS; 8583). Item 10 of this report requires the investigating worker to declare whether a case was substantiated or not. For each case-managed student, indicate whether there was a *substantiated* report of child abuse involving this student as the victim the year prior to intake.

4. Was there a substantiated report of child abuse involving this student in the 6 months prior to <u>follow-up?</u>	Do the same as above at every six-month follow-up for the period between that follow-up and the intake or previous follow up. Indicate whether there was a s*ubstantiated* report of child abuse involving this student as the victim in the six months prior to follow-up.
5. Was the student in an out-of-home placement?	To report on this outcome you will have to gather data on out-of home child placement. Out-of-home placement is defined as: A placement for at least one day in the year, including placement in a foster family home, group home or shelter, non-finalized adoptive home, or other substitute care facility. It does not include an informal change of placement to a relative's home unless this placement is *done with* the authority of the child welfare agency. You may gather this information in either of two ways: 1. Asking the parent/guardian of the case-managed student to self-report. 2. Gathering information directly from your local child welfare agency (this option will require an MOU with the child welfare agency and a signed release of information from the parent/guardian). Out-of-home placements are reported to the state, and placement status is monitored on the Foster Care Information System (FCIS). For each case-managed student, indicate whether this student is placed in an out-of-home placement at the time of intake and again at every six-month follow-up.

6. Has the student stayed in the same placement home the prior 6 months?	You may gather information on the length of time a student is in a placement in either of two ways: 1. Asking the parent/guardian of the case managed student to self-report. 2. Gathering information directly from your local child welfare agency (this option will require an MOU with the child welfare agency and a signed release of information from the parent/guardian). Out-of-home placements are reported to the state, and placement status is monitored on the Foster Care Information System (FCIS). For each case-managed student, indicate at intake and again at every six-month follow-up whether this student has been in the same placement (including home) for the past six months.
6. Provide the ROLES score for the type of placement *Hawkins, R. P., AJmeida, M. C., Fabry, B., & Reitz, A L. (1992). A Scale to Measure Restrictiveness of Living Environments for Troubled Children and Youths. Hospital *and* Community Psychiatry, 43(I), 54-58.	Using the following scale, called Restrictiveness of *Living Environment* Scale (ROLES), which was developed by Hawkins, et al. (1992)* and adapted for use in California, indicate at intake and at every six-month follow-up their scores. Score Jail 10.0 State mental hospital (or state developmental center) 9.0 County youth detention 9.0 Youth "correctional" 9.0 Intensive treatment unit 8.5 Drug/alcohol rehabilitation center (inpatient) 8.0 In-patient in medical hospital 7.5 Wilderness camp (24-hour, year-round) 7.0 Residential treatment center (res. treatment levels 12-14) 6.5 Group emergency shelter 6.0 Residential Job Corps center 5.5 Group home (residential treatment levels I -11) 5.5 Foster-family-based treatment (CA Foster Family Agency) 5.0 Individual-home emergency shelter 5.0 Specialized foster care (CA county foster care) 4.5 Regular foster care (CA county foster care) 4.0 Supervised independent living 3.5 Home of a family friend 2.5 Adoptive home (or guardianship) 2.5 Home of a relative 2.5 School dormitory 2.0 Home of natural parents 2.0 Independent living with friend 1.5 Independent living by self 1.0

FORM F
FAMILY FUNCTIONING OUTCOMES

PURPOSE

Form F is designed to capture the extent to which families who were case managed or intensively served are doing better after involvement in Healthy Start. This is done by comparing the status of families when they became involved in Healthy Start with their status at follow-up.

If you have opted to report on the Family Functioning Cluster, you will need to report on the following outcome indicators for the case-managed families in your program:

- Child abuse
- Domestic violence
- Parenting skills
- Substance abuse

WHO COLLECTS AND WHEN

At intake (within the first month of entry) into your Healthy Start program and every six months after intake, you will need to meet with case-managed families to determine their current status.

Only data from case-managed families for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., child abuse) should be reported. In other words, if no follow-up data can be collected (e.g., family moved away), then do not include the family on this form.

. Use as many sheets as necessary to include all the families being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

To collect information on child abuse and domestic violence, a memorandum of understanding (MOU) will probably need to exist between your program and the child welfare agency and law enforcement agency from which you are trying to collect information. In addition, a signed release of information from the parent/guardian may be required.

For two outcome indicators, parenting skills and substance abuse, we ask that you use scales that are part of the *Family* Assessment *Form* developed and copyrighted by the Children's Bureau of Los Angeles (1991). A new version of this form is expected to be released by June 1996. You may choose to use the entire *Family* Assessment *Form* or to use only the parenting and substance abuse scales as part of your intake and six-month follow-up forms. A copy of this measure follows Form F. For more information, contact

Sandy Sladen
Children's Bureau of Southern California
50 South Anaheim Boulevard, Suite 241
Anaheim, CA 92805
(714) 517-1900

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	    Pre = Pre Healthy Start operational grant year
	    1 = First year of Healthy Start operational grant
	    2 = Second year of Healthy Start operational grant
	    3 = Third year of Healthy Start operational grant

1. Family/mother's number (1 through X or ID#)	Number each row that indicates a unique family's data. For example, a site with 25 families would list 1, 2, 3 …25.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.

3. Was there a substantiated report of child abuse involving this family in the six months prior to intake?	To report on this outcome, you will have to gather data on *substantiated* child abuse reports. You may gather this information in either of two ways:
	
	    I. Asking the parent/guardian of the case-managed child to self-report.
	
	    2. Gathering information directly from your local Child Protection Service (CPS) agency (this option will require an MOU with the CPS agency and a signed release of information from the parent/guardian). The results of child abuse investigations are documented on a standard form, Child Abuse Investigation Report" (SS 8583). Item 10 of this report requires the investigating worker to declare whether a case was substantiated or not.
	
	At intake: For each case-managed family, indicate whether there was a *substantiated* report of child abuse involving this family in the six *months* prior to intake.
	
	At follow-up: For each case-managed family, indicate whether there was a *substantiated* report of child abuse involving this family in the six *months* prior to follow-up (after intake).

4. Did family member report incident of domestic violence for the prior six months?	To report on this outcome, you will have to gather data on incidents of family violence *(excluding child abuse, which is reported separately). You* may gather this information in either of two ways: 1. Asking the parent/guardian of the case-managed child to self-report. 2. Gathering information directly from your local law enforcement agency (this option will require an MOU with the agency and a signed release of information from the parent/guardian). While most law enforcement agencies keep some kind of data on domestic violence, there are no standard measures. For example, some keep data only when an arrest is made; others keep data on all reports. At intake: For each case-managed family, indicate whether there was a report of domestic violence involving this family in the six *months* prior to intake. At follow-up: For each case-managed family, indicate whether there was a report of domestic violence involving this family in the six *months* prior to follow-up (after intake).
5. Sum of 7-item child-rearing ability scale from Family Assessment Form (range 7 to 35)	To report on this outcome, you will have to gather data on a 7-item *Child Rearing Ability Scale* on the *Family Assessment Form* (Item IIC) developed and copyrighted by the Children's Bureau of Los Angeles (1991). Each item is rated on a 5-point (range 7 to 35) The *Family Assessment Form User's Guide (copy* follows Form F) should be used to rate each of the following based on observation of the parent(s) and child(ren) in the home. 1. Understands child development 2. Schedule for child(ren) 3. Provides basic medical/physical care 4. Use of physical discipline 5. Appropriateness of disciplinary measures 6. Consistency of discipline 7. Chooses appropriate substitute caregivers Sum the scores for the 7-item scale (range is from 7 to 35) and indicate the total scale score for each case-managed family at time of intake (to be completed within the first month of entry into the program) and at each six-month follow-up.

6. Score on substance abuse item from Family *Assessment Form* (range 1 to 5)	To report on parental substance abuse, you will have to gather data using the *Current Substance Use* item on the Family *Assessment Form* (Item 187). A rating on this item is determined by observation of the parent(s) in the home. See User's Guide item: II.B.7, *Current Substance* Use. Indicate the score on this item for each case-managed family at time of intake (to be completed within the first month of entry into the program) and at six-month follow-up.
Sums	Sum of "yes" responses in each of the columns. Include only families with both baseline and follow-up data.
Number of families with complete data.	Report the number of families with both baseline and follow-up data for each of the outcomes. This number will be the denominator when calculating proportions.
Proportions	To calculate proportions, take the total number of "yes" responses for each column and divide it by the total number of families for whom you have complete information (i.e., both baseline and follow-up scores for that outcome). If you subtract the proportions of/means for families at follow-up from the proportion of/means for families at intake, you will determine the improvement and decline in families' functioning.

FORM G
YOUTH CRIME OUTCOMES

PART 1: SCHOOLWIDE DATA

PURPOSE

In addition to schoolwide crime data requested in Form A, Form G requests information on schoolwide gang involvement. This part of Form G is designed to record the progress made on schoolwide gang involvement by comparing the school-level data from the year before the Healthy Start grant became operational (the Pre Healthy Start operational grant year) with data from each year in which the Healthy Start grant is operational.

WHO COLLECTS AND WHEN

A separate form should be completed for each school affiliated with your Healthy Start operational grant.

By the end of the first quarter of funding in year one of your Healthy Start operational grant (as part of your Preliminary Evaluation Plan), this form should be completed with data for the school year before your Healthy Start grant began (the Pre Healthy Start operational grant year). In addition, at the end of each operational year, this form should be completed with data for that year and submitted to CDE with your annual report.

WAYS IN WHICH DATA CAN BE COLLECTED

Each school will need to keep track of student involvement in gangs through a locally developed log.

ITEM INSTRUCTIONS

School Name	Indicate the school name for which you are providing data.
School CDS Code	Provide the County-Distict-School (CDS) number assigned to this school.
Healthy Start Site Name	Indicate the name of your Healthy Start site.
Healthy Start Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

1. How many students were known to be gang members during this school year?	A gang is defined by Miller (1975) as having five components: 1 .Violent or criminal behavior as a major activity of group members 2. Group organization with functional role division and chain of command 3. Identifiable leadership 4. Continuing and recurring interaction among group members 5. Identification with and/or claims of control over identifiable community territory. Number: Report the total number of students known to be gang members during this school year. Rate: Divide the total number of students identified as being gang members by the total school enrollment (using the CBEDS one-day count).

Miller, *W. B. (11975). Violence by Youth Gangs and Youth Groups as a* Criminal *Problem in Major* American Cities. Washington, DC: National Institute for Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

PART 2: STUDENT-LEVEL DATA

PURPOSE

This part of Form B is designed to determine whether case-managed students who were at risk of being involved in crime were less likely to be involved with crime after their participation in Healthy Start.

If you have opted to report on the Youth Crime Cluster, you **will** need to report on the following outcome indicators for all case-managed students:

- Youth involvement with gangs

- Legal system involvement

- Compliance with probation.

WHO COLLECTS AND WHEN

At intake into your Healthy Start program and every six months after intake, you will need to meet with case-managed students to determine their current status.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., gang involvement) should be reported. In other words, if no follow-up data can be collected (e.g., student moved away), then do not include the student on this form.

Use as many sheets as necessary to include all the students being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

For gang and crime involvement outcomes, we ask that you use questions adapted from *Rochester Youth Development Study Student Interview* Form (wave 4, Fall 1989)[1]. You should incorporate these questions into your intake and six-month follow-up forms. If you choose to collect data from local law enforcement agencies or probation officers, then a memorandum of understanding (MOU) will probably need to exist between your program and the law enforcement agency from which you are trying to collect information. In addition, a signed release of information from the parent/guardian may be required.

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[1] The Rochester Youth Development Study is being conducted at the Hindelang Criminal Justice Research Center at the School of Criminal Justice, State University of New York at Albany. This is a project funded by the federal Office of Juvenile Justice and Delinquency Prevention. The principal investigator of the study is Dr. Terence P. Thomberry.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	    Pre = Pre Healthy Start operational grant year
	    1 = First year of Healthy Start operational grant
	    2 = Second year of Healthy Start operational grant
	    3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.

3. Score on gang involvement scale.	At intake and at every six-month follow-up, use the following involvement scale to indicate how involved the student is in a gang:
	    0 Not a member
	    1 Member
	    2 Not a leader, but one of the top people
	    3 Leader

4. Arrested for nonviolent crime within the prior 6 months?	At intake and at every six-month follow-up, use the following question to ascertain whether the student has been involved in a nonviolent crime in the last six months: *In the last six months, were you arrested for any of the following reasons?* Being drunk in a public place? Damaging, destroying, or marking up somebody else's property on purpose? Setting fire on purpose or trying to set fire to a house, building, or car? Avoiding paying for things, like a movie, bus rides, or anything else? Stealing money or things worth $5 to $50? Stealing money or things worth $50 to $100? Stealing money or things worth over $100? Using hard drugs, like heroin, crack, cocaine, or speed? Stealing or tried to steal a car? Selling drugs to others? Carrying a hidden weapon?

5. Arrested for violent crime within the prior 6 months?	At intake and at every six-month follow-up, use the following question to ascertain whether the student has been involved in a violent crime in the last six months: *In the last six months, were you arrested for any of the following reasons:* Attacking someone with a weapon or with the idea of seriously hurling or killing them? Hitting someone with the idea of hurting them? Being involved in a gang or posse fight? Using a weapon or forcing someone to give you money or things? Trying to have sexual relations with someone against their will?
6. If youth is on probation did youth meet probation requirements since intake?	For each case-managed student who has been identified to be on probation, indicate at every six month follow-up whether they have met their probation requirements *(including not committing another crime). You* may gather this information in either of two ways: 1. Asking the case managed student to self-report. 2.Gathering information directly from the probation department (this option will require an MOU with the probation department and a signed release of information from the parent/guardian).
Sums	Sum of "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both intake/baseline and complete data follow-up data for each of the outcomes. This number will be the denominator when calculating proportions and means.
Proportions	To calculate proportions/means, divide sums by the total number of students for whom complete information (i.e., both baseline and follow-up scores for that outcome) is available.

FORM H
YOUTH DEVELOPMENT OUTCOMES

PART 1: SCHOOLWIDE DATA

PURPOSE

This part of Form H is designed to record the extent to which youth become more involved in after-school activities with the introduction of Healthy Start by comparing the school-level data from the year before the Healthy Start grant became operational (the Pre Healthy Start operational grant year) with data from each year in which the Healthy Start grant was operational.

WHO COLLECTS AND WHEN

A separate form should be completed for each school affiliated with your Healthy Start operational grant.

By the end of the first quarter of funding in year one of your Healthy Start operational grant (as part of your Preliminary Evaluation Plan), this form should be completed using data for the school year before your Healthy Start grant began (the Pre Healthy Start operational grant year). If no baseline data exists on school activities, then indicate this on the form. In addition, at the end of each operational year, this form should be completed with data for that year and submitted to CDE with your annual report.

WAYS IN WHICH DATA CAN BE COLLECTED

Each school will need to keep track of student involvement in after-school activities through locally developed logs.

ITEM INSTRUCTIONS

School Name	Indicate the school name for which you are providing data.
School CDS Code	Provide the County-Distict-School (CDS) number assigned to this school.
Healthy Start Site Name	Indicate the name of your Healthy Start site.
Healthy Start Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	   Pre = Pre Healthy Start operational grant year
	   1 = First year of Healthy Start operational grant
	   2 = Second year of Healthy Start operational grant
	   3 = Third year of Healthy Start operational grant

1. How many students attended after-school activities during this school year?	To report data on after-school activities, your school will need to keep attendance at all your Healthy Start-sponsored after-school activities. Your school may already have a system for tracking this information. If not, a sample attendance record, *Monthly Attendance Log,* follows Form H. **Number:** Report the total number of students who have participated in after-school activities during this school year. **Rate:** Divide the total number of students who participated in after-school activities by the total school enrollment (using the CBEDS one-day count).

PART 2: STUDENT-LEVEL DATA

PURPOSE

If you have opted to report on the Youth Development Cluster, you will report on:

- Student involvement in after-school activities
- Student employment
- *One* of the following options
  A. Substance abuse
  B. Social support
  C. Self-esteem.

WHO COLLECTS AND WHEN

At intake into your Healthy Start program and every six months after intake, you will need to meet with case-managed students to determine their current status.

Only data from case-managed students for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., gang involvement) should be reported. In other words, if no follow-up data can be collected (e.g., student moved away), then do not include the student on this form.

Use as many sheets as necessary to include all the students being case managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

The questions about student involvement in after-school activities and employment should appear on your intake and follow-up forms. In addition, if you select to report on substance abuse, questions regarding substance use should also be included on your intake and follow-up forms. If you choose to report on students' perceived social support or self-esteem, then the measures that are described later in these instructions should be administered.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.
3. On average, how many hours per week did this student spend in after school activities?	At intake and every six-month follow-up, indicate for each case-managed student the average number of hours per week spent in organized after-school activities (either sponsored by your Healthy Start Program or another sponsor). You may gather this information in either of two ways: 1.Asking the case-managed student to self-report. 2.Gathering information directly from the Monthly Attendance Log and calculating a weekly average by dividing the sum of hours for the month by the number of weeks in that month.

4. Was this student employed?
   (TEENS ONLY)
	At intake and every six-month follow-up, indicate "yes" for each *teenage* case-managed student who had part-time or full-time employment at that time. You may gather this information by asking each case-managed student:
	
	Are you currently employed?
	   NE No, not employed
	   VO No, but volunteer
	   PT Yes, part-time employment
	   FT Yes, full-time employment

Sums	Sum of "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both intake/baseline and complete data follow-up data for each of the outcomes. This number will be the denominator when calculating proportions and means.
Proportions	To calculate proportions/means, divide sums by the total number of students for whom complete information (i.e., both baseline and follow-up scores for that outcome) is available. If you subtract the proportions of/means for students at follow-up from the proportion of/means for students at intake, you will determine the increase or decrease in students' employment and involvement in after-school activities.

PICK ONE OF THE FOLLOWING YOUTH DEVELOPMENT OPTIONS

A. Substance Abuse

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	    Pre = Pre Healthy Start operational grant year
	    1 = First year of Healthy Start operational grant
	    2 = Second year of Healthy Start operational grant
	    3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.
3. Reported having at least one drink of alcohol in past 30 days?.	Indicate for each case-managed client whether they had a drink of alcohol, smoked cigarettes, or used illicit drugs in the 30 days prior to intake and follow-up. These questions come from the 1995 Youth Risk Behavior Survey developed by the Center for Disease Control (Adolescent and School Health Division). *During the* past 30 *days, on* how many *days did you have* at least one *drink of alcohol?* A 0 days B 1 or 2 days C 3 to 5 days D 6 to 9 days E 10 to 19 days F 20 to 29 days G All 30 days At intake and every six-month follow-up, indicate "yes' for each case-managed student who had at least one drink in the past 30 days (answered B-G).

4. Reported having smoked cigarettes in past 30 days?	*During the* past 30 *days, on how* many days did you smoke cigarettes?
	
	    A 0 days
	    B 1 or 2 days
	    C 3 to 5 days
	    D 6 to 9 days
	    E 10 to 19 days
	    F 20 to 29 days
	    G All 30 days
	
	At intake and every six-month follow-up, indicate "yes" for each case-managed student who had smoked cigarettes in the past 30 days (answered B-G).

5. Reported having used illicit drugs in the past 30 days.	1. During the past 30 days, on how many days did you use marijuana?
	2. During the past 30 days, on how many days did you use any form of cocaine, including powder, crack, or freebase?
	3. During the past 30 days, on how many days did you sniff glue, or breath the contents of aerosol spray cans, or inhale any paints or sprays to get high?
	4. During the past 30 days, on how many days did you use any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?
	
	    A 0 days
	    B 1 or 2 days
	    C 3 to 5 days
	    D 6 to 9 days
	    E 10 to 19 days
	    F 20 to 29 days
	    G All 30 days
	
	At intake and every six-month follow-up, indicate "yes" for each case-managed student who had used any type of illegal drug in the past 30 days (answered B-F on any or all of the questions).

Sums	Sum of "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both intake/baseline and complete data follow-up data for each of the outcomes. This number will be the denominator when calculating proportions and means.
Proportions	To calculate proportions, divide sums by the total number of students for whom complete information (i.e., both baseline and follow-up scores for that outcome) is available. If you subtract the proportions of students at follow-up from the proportions of students at intake, you will determine the increase or decrease in students' substance abuse.

B. <u>Social Support</u>

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	    Pre = Pre Healthy Start operational grant year
	    1 = First year of Healthy Start operational grant
	    2 = Second year of Healthy Start operational grant
	    3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.

	To collect data for this outcome indicator you mutt use the Perceived Social Support for Children Scale. A copy of this scale and a manual that explains how to administer and score the scale are available for $20.00 from: Dr. Susan Harter University of Denver Department of Psychology 2155 South Race Street Denver, CO 80208-0204 (303) 871-3790
3. Parent support subscale score	At intake and at every six-month **follow-up,** indicate each case-managed student's current score on the parent support subscale.
4. Classmate support subscale score.	At intake and at every six-month **follow-up,** indicate each case-managed student's current score on the classmate support subscale.
4. Teacher support subscale score.	At intake and at every six-month **follow-up,** indicate each case-managed student's current score on the teacher support subscale.
4. Friend support subscale score.	At intake and at every six-month **follow-up,** indicate each case-managed student's current score on the friend support subscale.
Sums	Sum of "yes" responses in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both intake/baseline and complete data follow-up data for each of the outcomes. This number will be the denominator when calculating proportions and means.
Proportions	To calculate means, divide the sums by the total number of students for whom complete information (i.e., both baseline and follow-up scores for that outcome) is available. If you subtract the means for students at follow-up from the means for students at intake, you will determine the increase or decrease in students' perceived social support.

C. Self-Esteem

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).

Grant Year	Circle on the form the year of grant funding to which the data refers:
	    Pre = Pre Healthy Start operational grant year
	    1 = First year of Healthy Start operational grant
	    2 = Second year of Healthy Start operational grant
	    3 = Third year of Healthy Start operational grant

1. Student number (1 through X or ID#)	Number each row that indicates a unique student's data. For example, a site with 25 students would list 1, 2, 3 …25. If it is easier for your site, you can list student/client ID numbers.
2. Date of intake	Date on which the student was first seen by Healthy Start program staff.

	To collect data for this outcome indicator, you must use the *Coopersmith Self-Esteem Inventory-School Short Form.* This is a 50-item scale that is available for $9.95 for a package of 25 School Form Item booklets and $12.50 for the manual from:
	                Consulting Psychologists Press, Inc.
	                577 College Avenue
	                P.O. Box 60070
	                Palo Alto, CA 94306
	                800-624-1765

3. Score on Coopersmith Self-Esteem Inventory	At intake and at every six-month follow-up, indicate each case-managed student's current scores on the Self-Esteem Inventory..
Sums	Sum scores in each of the columns. Include only students with both baseline and follow-up data.
Number of students with complete data.	Report the number of students with both intake/baseline and complete data follow-up data for each of the outcomes. This number will be the denominator when calculating proportions and means.
Proportions	To calculate means, divide sums by the total number of students for whom complete information (i.e., both baseline and follow-up scores for that outcome) is available. If you subtract the follow-up means from the intake means, you will determine the increase or decrease in students' self-esteem.

FORM I
ADULT EDUCATION OUTCOMES

PURPOSE

Form I is designed to capture the extent to which adults who were case managed or intensively served by your program are advancing their educational attainment, language skills, and citizenship. This is done by comparing the status of adults when they became involved in Healthy Start with their status at follow-up.

If you have opted to report on the Adult Education Cluster, you will need to report on the following outcome indicators for the adult clients in your program:

- School completion
- English proficiency
- Citizenship.

WHO COLLECTS AND WHEN

At intake into Healthy Start and every six months after intake, you will need to meet with case-managed adults to determine their current status.

Only data from case-managed adults for whom you have complete information (both baseline and follow-up data) for at least one outcome indicator (e.g., educational attainment) should be reported. In other words, if no follow-up data can be collected (e.g., adult moved away), then do not include the adult on this form.

Use as many sheets as necessary to include all the adults being case-managed or intensively served.

WAYS IN WHICH DATA CAN BE COLLECTED

All of the following questions (items 3 through 5) should appear on your intake and six--month follow-up forms.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

1. Adult number (1 through X or ID#)	Number each row that indicates a unique adult's data. For example, a site with 25 adults would list 1, 2, 3 … 25. If it is easier for your site, you can list adult ID numbers.
2. Date of intake	Date on which the adult was first seen by Healthy Start program staff.
3. Had a high school diploma or GED?	At intake and each six-month follow-up, ask all adults who are being case managed (e.g., parents, guardians): *What is your highest level of educational achievement?* NO None EL Elementary school MS Middle or junior high school HS Attended high school but did not graduate HG High school graduate or equivalent (GED) AS Associate's degree BA Bachelor's degree MS Master's degree All adults who respond that they are a high school graduate (or equivalent) or higher should be marked as "YES."
4. English proficient?	At intake and each six-month follow-up, ask or determine whether all adults who are being case-managed are English proficient-have clearly developed English language skills of comprehension, speaking, reading, and writing. Levels of English proficiency include: NO Not English proficient LM Only limited English proficiency FL Fluent English proficiency Any adult who is English proficient (either limited or fluent) should be marked as "YES."

5. Completed citizen classes (had certificate)?	At intake and each six-month follow-up, ask all adults who are being case managed:
	Have you completed a citizenship class?
	YES Yes, have completed a citizenship class NO No, have not completed a citizenship class NA Not applicable, already a U.S. citizen
	All adults who respond that they have completed a citizenship class and have a certificate of completion should be marked as "YES." Those already citizens should be marked as "NA." All others should be marked as "NO."
Sums	Sum "yes" responses in each of the columns. Include only adults with both baseline and follow-up data.
Number of adults with complete data	Report the number of adults with both baseline and follow-up data for each of the outcomes. For the citizenship classes item, exclude all adults who already have U.S. citizenship. This number will be the denominator when calculating proportions.
Proportions	To calculate proportions, divide sums by the total number of adults for whom you have complete information (i.e., both baseline and follow-up scores for that outcome). If you subtract the follow-up proportions from the intake proportions, you will determine the percent of adults who earned a high school diploma (or GED), became English proficient, or earned a citizen class certificate between the baseline and follow-up periods.

FORM J
SERVICE TYPES AND NUMBERS

PURPOSE

Form J is designed to capture the full range of services and related activities provided to students and their families by or through the Healthy Start Initiative.

WHO COLLECTS AND WHEN

You will need to document how many people attend Healthy Start-sponsored activities and how many services are delivered that fall under your school-linked service/Healthy Start umbrella. In addition to keeping track of how many and what types of services are provided overall, local programs will need to track services received by at least 25 case-managed or intensively served individual clients or families through service logs or in case managers' progress notes.

This information will need to be collected on an ongoing basis. Although this form requires only that service information be aggregated on an annual basis, we suggest that you aggregate this information at least once a month for the purposes of program development and data management.

WAYS IN WHICH DATA CAN BE COLLECTED

You may wish to consider two service documentation approaches that can help you count services: a service log and an event description form. Examples of a service log and an event description form follow Form J. Program attendance sheets and sign-in sheets can also be used to collect data about how many people received a particular service.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
1. Code 2. Type of service	"Code" and "type of service" refer to service names and codes defined in *Healthy Start Service Categories and Working Definitions as Standardized to the Taxonomy of Human Services*. A copy of this document follows Form J. These definitions were developed by a team of practitioners and administrators from several state-level human-service departments and agencies and incorporated into an existing taxonomy of human services, called *InfoLine*. These common definitions and codes were developed to ensure that service names mean the same thing

	for all Healthy Start grantees.
3. Units of service	"Unit of service" refers to a single experience with a single type of service by a single client. For example, each class attended by one participant in a series of parenting classes is considered a single unit of service. Similarly, if three kinds of services were provided a client in a single home visit from a case manager, each of the three services would be counted as a separate service unit.
Overall	Report the number of services provided to all -types of clients, including those who are case managed, even though their services are also counted separately. Report service counts by the service categories listed.
Case managed	Report the number of services provided to case-managed clients.
Sub totals and total number of service units	Report total number of service units delivered over this grant year separately for clients overall and case-managed clients.

FORM K
CLIENT DEMOGRAPHICS

PURPOSE

Form K is designed to learn about the demographics of the students and families who are being case managed or intensively served through the Healthy Start initiative.

WHO COLLECTS AND WHEN

For all students and family members being case managed by your Healthy Start program, you will need to report on the following characteristics:

- Age (birth date)
- Gender
- Ethnicity

You do not have to report characteristics of family members not involved in services. This information should be collected when a student or family member first enters your program (at intake).

WAYS IN WHICH DATA CAN BE COLLECTED

Demographic information should be included on your intake forms.

ITEM INSTRUCTIONS

Site Name	Indicate the name of your Healthy Start site.
Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1998-1999).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant

1. Student or family member number (1 through X or ID#)	Number each row that indicates a unique client's data. For example, a site with 25 clients would list 1, 2, 3 … 25. If it is easier for your site, you can list client ID numbers.
2. Date of intake	Date on which the student or family member was first seen by Healthy Start program staff.
3. Birth date	For each student or case-managed family member, indicate their birth date. This should be the month, day, and year on which the client was born. For adult clients who do not wish to reveal their birth date, enter "l1 /11 /11" in the space provided. This date will signal to us that the person is an adult, but that no birth date was available.
4. Gender	Indicate whether the client is a male or female by circling the appropriate number.
5. Ethnicity	Although local programs may keep a more detailed record of the ethnicity of clients, six broad ethnic categories are listed here to examine larger statewide trends. If clients are of a multiethnic background, circle "7." Ethnicity codes: AA = African-American AI = American Indian/Alaska Native AS = Asian HS = Hispanic PI = Pacific Islander WH = White OT = Other Ethnicity codes are also listed at the bottom of the reporting form.
Totals	Provide sums of total number of case-managed clients and numbers of clients by age group, gender, and ethnicity. When determining what age group a client belongs in, determine how old the client was on January 1 of the year on which you are reporting. Local programs may wish to calculate proportions. For example, by dividing the number of adults (i.e., clients who are 19 years and older) who were case managed by the total number of clients managed, you would know to what extent your program focuses case management on parents and other adults as opposed to children.

<div align="center">**FORM L**
NARRATIVE</div>

PURPOSE

The outcome and process data reported thus far mean little without your interpretation. Form L is an opportunity for you to interpret the results reported in earlier forms, as well as to share important information that the other forms fail to collect. Although Form L presents specific questions, CDE wants you to tell us about the things that you think are important that we know. Thus, the instructions for Form L are suggestions and should be thought of as such.

WHO COLLECTS AND WHEN

A narrative description of your program's activities and interpretation of your outcome results should be included in each annual report.

There is no page limit to the narrative; however, a concise and simple narrative would be appreciated. You should attach Form L as a cover sheet to your narrative report.

WAYS IN WHICH DATA CAN BE COLLECTED

The key data source for the narrative will be your and your collaborative partners' perceptions. However, more structured data collection methods, such as focus groups and surveys, can strengthen the narrative.

Focus groups are one method of obtaining the views of a particular participant group. Members of a group (e.g., family members participating in the initiative) who represent a variety of experiences or perspectives are invited to meet with a facilitator to discuss their experiences and views of the program. Typically, from 6 to 10 members are included and a conversation of up to two hours is guided by a short set of basic questions (e.g., What is your experience with the initiative? What would you tell a friend or neighbor about the program and what it is trying to do? What difference has it made to your family? How would you change the program to better serve children and families?). The conversation can be audiotaped, or a "documented" can take notes. Anonymity must be assured.

If information from larger groups of participants is desired, surveys can be conducted of students, participating family members, neighbors, or other groups. However, written questionnaires can be perceived as having a "paper and pencil test" quality and can be offputting to some groups and limit the participation of those with low literacy skills.

ITEM INSTRUCTIONS

School Name	Indicate the school name for which you are providing data.
School CDS Code	Provide the County- District-School (CDS) number assigned to this school.
Healthy Start Site Name	Indicate the name of your Healthy Start site.
Healthy Start Site ID#	Indicate the identification number given to your grant application.
School Year	Write the school year to which the data refers (e.g., 1995-1996).
Grant Year	Circle on the form the year of grant funding to which the data refers: Pre = Pre Healthy Start operational grant year 1 = First year of Healthy Start operational grant 2 = Second year of Healthy Start operational grant 3 = Third year of Healthy Start operational grant
Outcomes 1. What outcomes are being assessed by your local initiative and why? **(Year 1 only)**	In your Year 1 report, consider the following questions: a. What was your collaborative's rationale for choosing certain outcomes, and how well do those outcomes relate to your program's strategies and goals? b. What process did your collaborative go through to choose those outcomes?
2. Why do you think some outcomes improved and others did not? Do these findings suggest possible ways to improve your strategies?	CDE wants to know your interpretation of your program's outcome results. Furthermore, if program weaknesses are identified, CDE wants to know about your collaborative's plans for addressing them, as well as what progress has been made in addressing those issues. This information should be presented in a narrative format in your annual reports to CDE. It is valuable to bring collaborative members (e.g., agency administrators and staff, parents, teachers, funders) together to interpret evaluation findings. For example, your collaborative should discuss whether the results for children and families suggest that: a) Interventions were adequate or not strong enough. b) Evaluation activities were appropriate or not well matched to the intervention or not carried out in a reliable manner. c) Contributions of staff and agencies were adequate or insufficient. d) Involvement of teachers and parents was adequate or lacking.
3. What changes in individuals, families, or systems have you	We recognize that often the most powerful and important descriptions of outcomes can come from your

or your staff witnessed?	day-to-day experiences with children and families. Please share with us special individual achievements by staff, children, families, and others or any other relevant stories. Below are some examples.
	<u>Example 1</u> In one Bay Area elementary school, 67 children who otherwise would have been expelled for lack of proper immunizations were able to stay in school because of immunizations they received from a Healthy Start nurse.
	<u>Example 2</u> After her presentation on Teen Health, a Healthy Start nurse was approached by a student who reported that his 2-year-old sister was very ill and the Spanish - speaking family had no doctor, no insurance, and no idea where to turn. In a home visit, the bilingual nurse discovered that the child had an advanced infection that had settled behind her eyes, threatening blindness if not treated quickly. The child received the needed treatment, at a cost of $180. If blindness had ensued, the cost to the state was estimated to exceed $800,000 for special education, rehabilitation, and adult programs for persons with disabilities.
	<u>Example 3</u> At an urban Healthy Start Family Resource Center, more than 20,000 parent work hours were donated over a 2-year period, resulting in cost savings of $100,000 for clerical and word processing work, transportation, and child care.
Services 4 What is the status of implementing your Healthy Start work plan?	CDE is interested in the progress you have made in your work plans, the barriers you have encountered in trying to accomplish those plans, and changes in future plans. Consider the following questions: a) To what extent have you been able to do what you set out to do? b) Have unexpected changes in your community, partners, or funding altered your original work plan? If so, how?

5 Are Healthy Start services perceived as useful by parents, practitioners, teachers and other community members?	The principle of having broad community representation in all aspects of your comprehensive strategy suggests the importance of periodically getting feedback from community members regarding their awareness of, experience with, and perceptions of your initiative. Knowing where you stand relative to the community is essential in maintaining support for your activities.
	If your local program assesses parent, teacher, or practitioner satisfaction through focus groups, surveys, or another method, CDE wants to know about it. In particular, CDE wants to know:
	a. How did you assess parents'/teachers'/practitioners' perspectives? b. What did you learn? c. How will what you learned affect your future activities and goals?
Collaboration 6 How have participating agencies collaborated with each other?	Interagency collaboration between schools, other child- and family-serving organizations (both public and private), and parents can bring additional resources, multiple perspectives, and more insightful strategies that lead to better outcomes for children and families.
	CDE is interested in local collaborative activities and products that have contributed to system improvements. Consider the following questions:
	a. How have collaborative partners pooled their resources (e.g., staff or funding) to make them go farther? b. What duplication in effort (e.g., same data collected by multiple agencies on same clients) has been reduced through interagency agreements (e.g., a memorandum of understanding, or MOU, that allows client data to be shared between agencies)? c. How have services been improved because of agencies' working together (e.g., better case coordination across agencies, better follow-up on clients, greater client access to multiple services by locating staff from different agencies in one location)?
	If relevant, include copies of MOUs or estimates of resources pooled when writing this section of your report.

SECTION L
NARRATIVE

Instructions: Attach this form to your narrative report.

School Name: _____

School CDS Code: _____

Healthy Start Site Name: _____

Healthy Start Site ID#: _____

School Year: _____

Grant Year (circle one): Pre 1 2 3

Consider the following questions:

Outcomes

1. What outcomes are being assessed by your local initiative and why? (Year I only)

2. Why do you think some outcomes improved and others did not? Do these findings suggest possible ways to improve your strategies?

3. What changes in individuals, families, or systems have you or your staff witnessed?

Services

4. What is the status of implementing your Healthy Start work plan?

5. Are Healthy Start services perceived as useful by parents, practitioners, teachers, and other community members?

Collaboration

6. How have participating agencies collaborated with each other?

Education Reforms

7.   How has your Healthy Start Initiative been integrated with other educational reforms at your school(s)?